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0010/PTO  
Rev. 6/95

U.S. Department of Commerce  
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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐

Declaration  
Submitted  
with Initial Filing

OR

☒

Declaration  
Submitted after  
Initial Filing

Attorney Docket  
Number

H 4304 PCT/US

First Named  
Inventor

GAERTNER, Christine

### COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SUNSCREEN AGENT FOR ORAL ADMINISTRATION**

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

**08/30/2000**

as United States Application Number or PCT International

Application Number

**PCT/EP00/08435**

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
199 42 774.7	DE	09/08/1999	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/08435	08/30/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  or label   
OR  
☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Aaron R. Ettelman	42,516
Steven J. Trzaska	36,296	Henry E. Millson, Jr.	18,980

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:

☒ Customer Number or label

**23657**

OR ☒ Fill in correspondence address below

Name	Aaron R. Ettelman						
Address							
Address							
City					State		
Country			Telephone	610-278-4930		Fax	610-278-4971

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned

Given Name	Christine	Middle Initial		Family Name	Gaertner	Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Gotenstrasse 3						
Post Office Address							
City	40225 Duesseldorf	State		Zip		Country	Germany
Applicant Authority							

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

<b>DECLARATION</b>										<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>							
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor																	
Given Name	Wilhelm				Middle Initial			Family Name	Stahl		Suffix e.g. Jr.						
Inventor's Signature									Date								
Residence: City		Duesseldorf			State				Country		Germany		Citizenship		Germany		
Post Office Address		Luegallee 6															
Post Office Address																	
City	40545 Duesseldorf			State				Zip			Country		Germany		Applicant Authority		
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor																	
Given Name	Ulrike				Middle Initial			Family Name	Heinrich		Suffix e.g. Jr.						
Inventor's Signature									Date								
Residence: City		Wetter			State				Country		Germany		Citizenship		Germany		
Post Office Address		Altarhof 6															
Post Office Address																	
City	58300 Wetter			State				Zip			Country		Germany		Applicant Authority		
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor																	
Given Name					Middle Initial			Family Name			Suffix e.g. Jr.						
Inventor's Signature									Date								
Residence: City					State				Country				Citizenship				
Post Office Address																	
Post Office Address																	
City				State				Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor																	
Given Name					Middle Initial			Family Name			Suffix e.g. Jr.						
Inventor's Signature									Date								
Residence: City					State				Country				Citizenship				
Post Office Address																	
Post Office Address																	
City				State				Zip			Country				Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																	